



AMERICAN INTERNATIONAL CLUB OF ZURICH
Member of the Association of American Clubs (AAC)

FULL MEMBERSHIP¹ APPLICATION

Check box as appropriate

- Single Membership (CHF 150.00)
 Couples Membership (CHF 250.00)
 Family Membership (CHF 250.00)
 (includes children under the age of 18)

■ Data will be published in the Membership Book. Tick off yellow box in the corresponding field for data **NOT** to be published.

	Member	Spouse/Partner (if Couples/Family Membership)
Personal Information <i>(please print)</i>		
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> other
	Citizenship:	Citizenship:
Family Name	■	■
First Name (Nickname)	■	■
Birth Date/Place (confidential)		
Children's Names & Ages (if Family Membership)		■
Home Street Address <input type="checkbox"/> send AICZ post to this address		■
Postal Code, City, Country		■
Telephone	■	■
Web Site or Community Profile; Facebook, etc.; (URL)	■	■
Personal E-Mail Address <input type="checkbox"/> send AICZ emails to this address		■ <input type="checkbox"/> send AICZ emails to this address
Business Information		
Job Title	■	■
Company Name	■	■
Web Site (URL)	■	■
Street Address <input type="checkbox"/> send AICZ post to this address		■ <input type="checkbox"/> send AICZ post to this address
Postal Code, City, Country		
Telephone	■	■
LinkedIn or Community Profile; Facebook, etc.; (URL)	■	■
Professional E-Mail Address <input type="checkbox"/> send AICZ emails to this address		■ <input type="checkbox"/> send AICZ emails to this address



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Full Membership Application -page 2

Please Tell Us About Yourself

Periods of residence in USA and / or Canada:

From	To	City
From	To	City

Periods of employment with US or Canadian companies or educational institutions:

From	To	Company	City
From	To	Company	City

Do you travel regularly to the US or Canada? yes no

Please list any other ties/relationships with the US/Canada:

Please indicate which AICZ events you have attended:

Please indicate what activities or services you would like to see the AICZ organize:

How did you hear about the AICZ?

www.acz.ch Friend Work Other Club Email List Flyer
 Other (please specify)

Annual duesⁱ become payable upon applicant's admission to the AICZ as a Full Member.

Place, Date	Print Name(s) / Signature of Applicant(s)
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By signing this application, you agree to these following terms:

I submit the above information for Membership in the AICZ and for publication in the Membership Book, unless otherwise marked.

I agree that, upon notification of acceptance and receipt of the bill, I will remit the membership dues, and

I agree that a summary may also be used in a new member announcement in the AICZ Newsletter, and

I agree that my picture may be taken at events and published.

Endorsement by 2 Executive Committee Members required:

Print Name / Signature	Print Name / Signature
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ⁱ Annual Dues may be prorated by quarter (e.g., 75.00 for half-year individual membership; 37.50 for quarter-year individual membership)